the clinic using a Brazilian Portuguese Health Utilities Index self-report questionnaire. Responses were converted to attribute levels, and utility scores for morbidity in individual health attributes and for overall HRQL, using standard HUI Decision Tables and Utility Functions. Standard t-tests and 1-way ANOVA were used to analyze HUI3 utility scores within and across diagnoses and between countries. HUI3 overall HRQL scores were categorized to mild / moderate / severe disability (1.00 = No disability, 0.89–0.99 = Mild, 0.70–0.88 = Moderate, <0.70 = Severe disability). **RESULTS:** A total of 138 consecutive survivors participated in the survey. More than 71% reported some disability (mild-moderate-severe). More than one-third reported some cognitive disability and/or pain while approximately one-quarter reported problems with vision, speech or emotion. As hypothesized, retinoblastoma survivors had significant visual morbidity ($p = 0.048$). Survivors of germ cell tumors had significant pain morbidity ($p = 0.003$) and lowest mean HRQL utility score (0.49) among the diagnostic groups. HRQL means of survivors were similar ($p > 0.05$) among countries (Brazil, Canada, Central America, Uruguay) within diagnostic groups of acute lymphoblastic leukemia and hodgkin's disease. **CONCLUSION:** The results show that the Brazilian survivors experience a wide range of disabilities and impaired HRQL similar to those reported in other countries and affirm the construct validity of the HUI3.

PCN73

COMPARISON OF SURVIVAL QUALITY FROM TWO TREATMENT STRATEGIES FOR ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) IN CHILDHOOD: DANA-FARBER CANCER INSTITUTE (DFCI) AND BERLIN-FRANKFURT-MONSTER (BFM)

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OBJECTIVE: To determine the difference in survival quality of patients treated according to two major treatment strategies for ALL in childhood, for use in a cost-utility study. **METHODS:** Children diagnosed with ALL between 1985 and 2003, and treated in one of five centers according to a DFCI or BFM-based protocol, were eligible if they were alive at least two years post-therapy. Parents of eligible survivors, in a cross-sectional survey, were asked to complete a Health Utilities Index (HUI) 15-item self-complete questionnaire with a 'past 1-week' recall period. HUI3 health-related quality of life (HRQL) and single-attribute scores were determined for each patient according to standard algorithms. Chi-square was used to test for differences in confounding factors between study groups: gender, and age at diagnosis (in quintiles). Differences in mean HRQL and single-attribute scores between DFCI and BFM groups were tested using one-way ANOVA. Statistical significance was set at $p < 0.05$. **RESULTS:** 612 parent assessments were available for analysis: 463 for DFCI survivors and 188 for BFM survivors. No significant differences between DFCI and BFM survivors were detected for proportion of males and females ($p > 0.079$), and age at diagnosis ($p > 0.243$). There were no significant differences detected between DFCI and BFM survivors in mean single-attribute or HRQL scores ($p > 0.176$). The mean HRQL score was 0.90 (SD = 0.166) for DFCI survivors, 0.92 (SD = 0.140) for BFM survivors, and 0.91 (SD = 0.159) for the pooled set of survivors. **CONCLUSION:** Clinical research has reported previously that there is no significant difference in mortality rates between DFCI and BFM treatment strategies. These HRQL results indicate that survivors of these treatment strategies also do not experience a difference in quality of survival. Future work for the cost-utility study will focus on the incremental HRQL of patients during phases of active therapy and the costing of hospital-based health care services.

PCN74

WILL KNOWLEDGE OF GENETIC RISK FOR CANCER INFLUENCE QUALITY OF LIFE AND SCREENING BEHAVIOR? FINDINGS FROM A POPULATION-BASED STUDY

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OBJECTIVE: Determine the impact of testing for high prevalence, low penetrance gene variants associated with colorectal cancer (polymorphisms, haplotypes) on a person's quality of life (QOL), health habits, and cancer screening intentions. **METHODS:** First-degree relatives of colorectal cancer patients and a matched group of persons without a family history of colorectal cancer from the Colorectal Cancer Familial Registry—a population-based registry in Washington State—were invited in 2006–7 to participate in a web-based survey of testing for gene variants associated with colorectal cancer risk. Participants were asked how such tests might influence their QOL, health habits, and intent to obtain colorectal cancer screening. **RESULTS:** A total of 310 relatives and 170 persons without a family colorectal cancer history completed the questionnaire. For the positive genetic test scenario, 69% of respondents stated they would be "somewhat worried"; 18% said they would be "very worried." QOL measured by the standard gamble for the carrier state was modestly lower than current health; the difference was significant only for relatives (no relatives with colorectal cancer 0.89 vs. 0.88, $p = 0.11$; relatives with colorectal cancer 0.90 vs. 0.88, $p = 0.02$). The difference in QOL was not significant after adjustment for sociodemographic and health factors. In the positive gene test scenario, 30% of respondents stated they would change their diet substantially, 25% would increase exercise, and 43% would start colorectal cancer screening. Relatives of colorectal cancer patients did not differ significantly from those without a family history in their reported intent to change these behaviors. **CONCLUSION:** Testing for high prevalence gene variants associated with colorectal cancer risk may increase cancer worry while only modestly influencing overall QOL. Testing could improve cancer preventive health habits and colorectal cancer screening adherence. The findings suggest that testing might reduce colorectal cancer incidence, particularly among those at higher risk for colorectal cancer.

PCN75

BURDEN OF IMMUNE THROMBOCYTOPENIC PURPURA ON HEALTH-RELATED QUALITY OF LIFE

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OBJECTIVE: Adult chronic immune thrombocytopenic purpura (ITP) is characterized by autoimmune-mediated platelet destruction and suboptimal platelet production. Signs and symptoms can range from bruising to gastrointestinal and intracranial bleeding. The disease may therefore impact one's health-related quality of life (HRQoL). We quantified the burden of ITP on